

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/505241** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1							51									
2							52									
3							53									
4							54									
5							55									
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44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.									
TOTAL DEP.							TOTAL DEP.									
TOTAL AMOUNT	21						TOTAL									